

STATE OF MAINE

BOARD OF COUNSELING PROFESSIONALS LICENSURE

APPLICATION FOR REGISTRATION



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8674
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
E-mail: colleen.a.eugley@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

Dear Applicant:

The application material you have requested from the Board of Counseling Professionals Licensure is enclosed. It contains all of the information you will need to complete your application. **Please read the forms, the laws and the rules carefully.** Follow the directions in the rules for licensure eligibility requirements appropriate to the category of license for which you are applying. Do not rely solely on the applicant information sheet enclosed. This document is intended to be just a quick checklist and is furnished for your convenience.

If you have questions about the application package you are about to send to us, please feel free to call our office. However, once you have submitted your application, we ask that you refrain from calling the office to inquire about the status of your application. If the application package you submit to us is complete, it will be prepared and presented to the board for official action. If there are deficiencies about your application, it will be returned to you together with a notice that your application is incomplete for the reasons noted. Any application received by the board must be complete before the Board will review it. **If all components of the application are not complete 10 days prior to the Board meeting the application will not be reviewed at that Board meeting.** Due to the volume of applications being reviewed by the board at any given time, we cannot guarantee a particular review date, but the board will endeavor to expedite the review of your application.

Results of the board's action will not be provided by phone. Therefore, we ask that you refrain from calling our office after the meeting to receive telephone results of board actions. You will be notified, in writing, within two weeks of the board meeting, of the board's decision regarding your application. Calling our office will cause a delay in notifications being prepared for mailing. We appreciate your thoughtful attention to this request.

We wish you well with your application for Maine licensure, and look forward to receiving your material soon.

Sincerely,
Board of Counseling Professionals Licensure



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8674

FAX: (207)624-8637

(888)577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

REGISTRATION

A COMPLETE APPLICATION SHALL INCLUDE THE FOLLOWING:

- ☐ Completed and signed Application. ([Attachment 2](#))
- ☐ Application fee of \$100.00.
- ☐ Registration fee of \$50.00.
- ☐ A copy of your Disclosure Statement. ([Attachment 16](#))
- ☐ Criminal History fee of \$15.00.

(NOTE: FEES CAN BE COMBINED AND SUBMITTED AS ONE PAYMENT. IF YOU ARE PAYING BY MONEY ORDER OR BY CHECK, PLEASE MAKE PAYABLE TO: TREASURER, STATE OF MAINE.)



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION FOR REGISTRATION

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

1. Application fee \$100.00.
2. Registration fee \$50.00.
3. Completed and Signed Application form.
4. A copy of your Disclosure Statement.
5. Completed Criminal History Form and \$15.00 fee.

Personal Information:

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants. Please indicate below any alias or maiden names accordingly.

NAME _____
First Middle Initial Last

ADDRESS (H) _____ COUNTY _____

CITY _____ STATE _____ ZIP CODE _____

(W) _____ COUNTY _____

CITY _____ STATE _____ ZIP CODE _____

PHONE #(H) _____ (W) _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

DESCRIBE YOUR PRACTICE, HIGHLIGHTING AREAS OF SPECIALIZATION AND EXPERTISE: _____

TRAINING*****

1. Sponsoring agency or organization_____
2. Sponsor's mailing address_____
3. Objectives of training_____
4. Any statements of education and training shall be accompanied by documentation, i.e. copy of diploma, transcript, course certificate, etc._____
5. Date(s) of training_____
6. Number of hours of training_____
7. Certificate earned? () Yes () No If yes, please attach a copy.
8. Document hours earned: College Credits_____CEUs_____Contact Hours_____

TRAINING*****

1. Sponsoring agency or organization_____
2. Sponsor's mailing address_____
3. Objectives of training_____
4. Any statements of education and training shall be accompanied by documentation, i.e. copy of diploma, transcript, course certificate, etc._____
5. Date(s) of training_____
6. Number of hours of training_____
7. Certificate earned? () Yes () No If yes, please attach a copy.
8. Document hours earned: College Credits_____CEUs_____Contact Hours_____

TRAINING*****

1. Sponsoring agency or organization_____
2. Sponsor's mailing address_____
3. Objectives of training_____
4. Any statements of education and training shall be accompanied by documentation, i.e. copy of diploma, transcript, course certificate, etc._____
5. Date(s) of training_____
6. Number of hours of training_____
7. Certificate earned? () Yes () No If yes, please attach a copy.
8. Document hours earned: College Credits_____CEUs_____Contact Hours_____

EDUCATION: (Specify highest degree)

Include major fields of study, including degrees and professional certifications held, and from where they were conferred.

	School Name & Address	Total Credit Hours	Date Graduated	Major	Minor	Degree	Number of Relevant Credit Hrs.
High School		N/A		N/A	N/A	N/A	N/A
GED		N/A		N/A	N/A	N/A	N/A
College							
Graduate							
Post Graduate							
Other							

**Total Relevant
Credit Hours**

PAID WORK EXPERIENCE

1. Name of Employer_____
2. Complete Mailing Address_____
3. Your job title_____
4. Term of employment from _____ Month _____ Year to _____ Month _____ Year
5. My employer considered this (check one) [☐] full time [☐] half time [☐] Other, specify_____
6. Duties (be specific)_____
- _____
7. Name of Supervisor_____

PAID WORK EXPERIENCE

1. Name of Employer_____
2. Complete Mailing Address_____
3. Your job title_____
4. Term of employment from _____ Month _____ Year to _____ Month _____ Year
5. My employer considered this (check one) [☐] full time [☐] half time [☐] Other, specify_____
6. Duties (be specific)_____

7. Name of Supervisor_____

PAID WORK EXPERIENCE

1. Name of Employer_____
2. Complete Mailing Address_____
3. Your job title_____
4. Term of employment from _____ Month _____ Year to _____ Month _____ Year
5. My employer considered this (check one) [☐]full time [☐]half time [☐] Other, specify_____
6. Duties (be specific)_____

7. Name of Supervisor_____

METHOD OF PAYMENT

Method of billing :(previous experience and policy with regard to third party payment)

The fee schedule and provision for pro bono (non-compensated) work or sliding scale modifications of the fee schedule.

CREDENTIALING HISTORY - If you answer YES on any of #2-#5, please attach an explanation of each.

1. Have you ever held a license/certification/registration in this or any other state/country?
() YES () NO

If YES, what profession? _____ Where? _____ Exp. Date _____
2. Has your license/certification/registration or professional membership ever been disciplined?
() YES () NO
3. Have you ever been convicted of a crime other than a minor traffic violation?
() YES () NO

If yes, please describe in detail the date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.
4. Do you have pending against you any complaints from a regulatory board or professional organization?
() YES () NO
5. Have you been or are you currently a defendant in a civil proceeding related to your professional activities?
() YES () NO

I HAVE READ AND COMPLETED THIS APPLICATION AND I ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO ABIDE BY THE CLIENT BILL OF RIGHTS AND CODE OF ETHICS AS APPROVED BY THE BOARD.

SIGNED _____ DATE _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SEE THAT ALL MATERIALS ARE COMPLETED AND RETURNED TO THIS BOARD. APPLICATIONS ARE NOT COMPLETE UNTIL ALL DOCUMENTS ARE RECEIVED.



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8674

FAX: (207)624-8637

(888)577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8674

FAX: (207)624-8637

(888)577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

SUGGESTED FORMAT FOR DISCLOSURE STATEMENT

Disclosure Statement

- A.** Name, M.S.
Such-and-such Counseling Service
555 Main Street
City, Maine (207) 666-7777
- B.** **Degree:** Highest degree and related field of study
Licensure: **Licensure:** Please indicate here the license/registration type, original or renewal license, and the projected begin and end date of license term (2 year cycle). **(If conditionally licensed, please indicate).**
(Example: LCPC, original: 9/03 expiration: 9/05)
- C.** **Areas of competence** - I am trained for work with individuals, couples, and(continued concisely, but with a much detail as necessary to give clients an idea of the range of your skills and scope of your license/registration).
- D.** **Course of Action**- At the first interview(Include a description of your usual process of intake, assessment, and goal setting. If clinically licensed, please also explain your process for diagnosing and treating. This is designed to give your prospective client an idea of what to expect in counseling).
- E.** **Confidentiality** - A statement indicating the limits and scope of confidentiality. The following exceptions **must** be included:
1. Threat of serious harm to self or others.
 2. Reasonable suspicion of child abuse, or abuse of elder or any incapacitated person.
 3. Court order.
 4. Voluntary release signed by client or guardian.
 5. In defense against legal action or formal complaint which client makes before a court or regulatory board.
 6. During supervisory consultations.
- F.** **Supervision** – A statement indicating supervision arrangement of counselor, when applicable.
- G.** **Fee schedule, hours of business, policy regarding third party payments** – explained with words that are clearly understood.
- H.** **Accountability** - A statement to the effect that “the practice of counseling is regulated by the Department of Professional and Finance Regulation, and complaints may be registered by contacting: Board of Counseling Professionals Licensure
35 State House Station
Augusta, ME 04333
(207) 624-8674

Attachment 16



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8674

FAX: (207)624-8637

(888)577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE